

**PROBATE COURT OF \_\_\_\_\_ COUNTY**  
**STATE OF GEORGIA**

**MINOR:** \_\_\_\_\_ **ESTATE NO.** \_\_\_\_\_

**CONSERVATOR(S):** \_\_\_\_\_

**MINOR CONSERVATORSHIP INVENTORY  
AND ASSET MANAGEMENT PLAN SHORT FORM**

**A. INVENTORY Approximate Current Value**

**1. Checking/Savings/Money Market/Certificates of Deposit/Liquid Accounts:**

Bank/Financial Institution/Broker	Acct. No.	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**2. Stocks/Bonds/Investments (including retirement and profit-sharing accounts):**

Brokerage Firm or Institution	Acct. No.	
_____	_____	\$ _____
_____	_____	\$ _____

**3. Real Estate:**

Brief Description	Minor's Interest	Co-Owner(s)	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**4. Personal Property (Vehicles, furniture, etc.):**

Description	
_____	\$ _____
_____	\$ _____

**TOTAL ASSET VALUE:** \$ \_\_\_\_\_

**B. ESTIMATED MONTHLY INCOME FROM ALL SOURCES**

Interest, dividend, or investment income	\$ _____
Social Security	\$ _____
Other (describe) _____	\$ _____
<b><u>TOTAL AVERAGE MONTHLY INCOME:</u></b>	<b>\$ _____</b>

The minor:

\_\_\_\_\_ I. is not a beneficiary of a Trust

\_\_\_\_\_ II. **is** a beneficiary of a Trust, and the following is the name of the Trust, the Trustee, his/her address, and telephone number; state when and how payments are required to be made under the Trust and the criteria for payment (attach outline if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

**C. BUDGET**

I/We plan during the following reporting year (initial one)

\_\_\_\_\_ a. not to expend any of the minor's funds but to allow it to accumulate; OR

\_\_\_\_\_ b. to expend the **interest earned** on the minor's estate for the following purposes: \_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_; OR

\_\_\_\_\_ c. **regardless** of interest earned, to expend from the minor's estate the sum of

\$\_\_\_\_\_ per month for the following purposes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_; and

If b. or c. above is selected, the following is the monthly estimated expenses for the care, support, health and education of the minor:

Room and board allowance: \$ \_\_\_\_\_

Child care: \$ \_\_\_\_\_

School Tuition/Supplies/Expenses/Lunches: \$ \_\_\_\_\_

Clothing/Diapers/Grooming/Hygiene: \$ \_\_\_\_\_

Medical/Dental/Prescription: \$ \_\_\_\_\_

Health/Life/Disability Insurance: \$ \_\_\_\_\_

Entertainment/Activities: \$ \_\_\_\_\_

Personal Caretakers/Home Health Care: \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Miscellaneous: \$ \_\_\_\_\_

**Average Monthly Expenses** \$ \_\_\_\_\_

**SUMMARY**

1. Average Monthly Income	\$ _____
2. Monthly support provided by parent(s)	\$ _____
<b>Subtotal</b>	<b>\$ _____</b>
3. Less Average Monthly Expenses	- _____
<b>Requested spending amount</b>	<b>\$ _____</b>

**D. ASSET MANAGEMENT PLAN**

I/We plan to: (initial one)

- \_\_\_\_\_ a. maintain the investment plan for the minor's assets as indicated in the above Inventory,  
OR  
\_\_\_\_\_ b. expend the amount requested above and maintain and invest the remaining funds as  
authorized by law or in accordance with an investment plan approved by the court.

**E. AFFIDAVIT**

I/We, \_\_\_\_\_, Conservator(s) of the  
above minor, do swear that the foregoing Inventory and Asset Management Plan contains a just, true, and  
complete inventory and budget of all property belonging to said minor within my/our possession, control,  
or knowledge, in addition to the financial information of the parent(s), if provided. This Inventory and  
Asset Management Plan has been provided to the Guardian of the ward, if any, by first class mail.

Sworn to and subscribed before  
me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Conservator

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Sworn to and subscribed before  
me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Co-Conservator, if any

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

IN THE PROBATE COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

IN RE:	)	ESTATE NO. _____
	)	
_____,	)	ASSET MANAGEMENT PLAN
MINOR	)	
	)	
_____,	)	
CONSERVATOR(S)	)	

**ORDER**

The Conservator(s) having filed an Inventory/Asset Management Plan for the above estate on \_\_\_\_\_, 20\_\_\_\_,

**IT IS HEREBY ORDERED** that said Inventory/Asset Management Plan is hereby **APPROVED**.

(initial if applicable)

\_\_\_\_\_ **IT IS FURTHER ORDERED** that Conservator(s) is/are authorized to disburse from the minor's estate

\_\_\_\_\_ a. the sum of \$\_\_\_\_\_ per month for the support of the minor.

\_\_\_\_\_ b. the income for the support of the minor.

\_\_\_\_\_ c. a one time lump sum distribution of \$\_\_\_\_\_ for the following purpose:\_\_\_\_\_.

**IT IS FURTHER ORDERED** that said Conservator(s) shall show in the annual return how such funds actually were spent.

**SO ORDERED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Probate Judge

FILED: \_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPUTY CLERK